## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application	or	Docket	Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE (			OTHER THAN													
T	OTAL CLAIMS	3	T	• • • • • • • • • • • • • • • • • • •				RATE	, FEE	7	RATE	FEE										
F	OR		NUMBER	RFILED	NUM	BER EXTRA	l	ASIC FEE	( A)	OR	BASIC FEE	<del> </del>										
T	OTAL CHARGE	ABLE CLAIMS	21 mi	inus 20=	*	/		X\$ 9=	8 q	OR	X\$18=	· .										
IN	DEPENDENT C	CLAIMS	211 m	ninus 3 =	*	#	-	X40=	that )	OR	\											
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT		<b>!</b>		-		W. V. V.	1		<u> </u>										
*	f the difference	e in column 1 is	less than z	ero. enter	"0" in	column 2	<u> </u>	+135=	1201	OR	+270=											
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	1504	JOR	TOTAL	*T1.1 A A 1										
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	OTHER SMALL											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	. 21	Minus	** 1	!/	***************************************		<b>X\$</b> 9=		OR	X\$18=											
	Independent	· 53	Minus	*** 3	3	= 20		X40=		OR	84×80=	168										
	FIRST PRESI	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			135=		OR	+270=	1										
							<u> </u>	TOTAL			TOTAL	168										
		(Column 1)	Sa Again	(Colun	nn 2)	(Column 3)	ADE	OIT. FEE	<del></del>		ADDIT. FEE											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		=	×	40=		OR	X80=											
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		+	135=		OR	+270=											
								TOTAL IT. FEE		OB L	TOTAL ADDIT, FEE											
		(Column 1)		(Colum	ın 2)	(Column 3)	ADD.	11. FEE <b>=</b>		ı. <b>,</b>	NDON, FEEL											
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	**		=	X	\$ 9=		OR	X\$18=											
	Independent		Minus	***		=	X	40=		OR	X80=											
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	PENDENT	CLAIM		+1	35=		OR	+270=											
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							ADDI	TOTAL T. FEE		OR A	TOTAL DDIT. FEE											
1	ne Hignest Numb	per Previously Paid	FOR ( IOIAI OF	maepenaen	il) is the	nignest <b>n</b> umber i	iound in	tne appr	opriate box	in colu	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											